### 0174: REVIEW OF SINGLE STAGE REVISION ACL RECONSTRUCTION

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**Aim:** To review single stage revision ACL reconstruction.
**Method:** Between January 2002 and January 2011, 34 patients were identified as having had revision ACL reconstruction at a single stage under a single surgeon. The case notes were retrospectively reviewed and patients were contacted by telephone interview where patient reported outcome measures were recorded in the form of Tegner Activity Scale, Tegner Lysholm Knee Scoring Scale, Cardiff ACL Satisfaction Index and EQ5D Euroqol.
**Results:** 20 patients were contactable (59%), with the average follow-up of 3.8 years [range 1-10 years]. None of the revisions had failed. The mean Tegner score was 84.4 [range 45-100], which correlated well with the EQ5D Euroqol. One patient had proceeded to TKR at 6 years but the graft was functioning at the time of surgery. Eight of the revisions used bone patella tendon bone (BPTB) as a graft material. Fixation was possible in all but one case where a femoral post and suspensory fixation was required. Tegner score was higher in revisions using hamstrings [n=8, mean 83.4] than BPTB [n=11, mean 82.6].
**Conclusions:** Single stage revision ACL reconstruction can yield good results, where hamstring and BPTB grafts yield similar results on functional outcome scores.

### 0178: CAN PATIENTS REMEMBER THEIR PRESENTING SYMPTOMS SIX MONTHS AFTER SURGERY?

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**Aims:** The Oxford Shoulder Score (OSS) is a validated score of shoulder symptoms, little work has explored patients' recollection of pre-operative symptoms. The aim of this study was to determine how well patients recall pre-operative symptoms.
**Methods:** Fifty patients who underwent shoulder surgery at least 6 months previously and had completed OSS pre-operatively were contacted. Patients were asked to complete the OSS questionnaire in terms of their pre-operative symptoms. Kappa coefficient was used to calculate agreement between pre and post-operative answers.
**Results:** 41 patients completed the questionnaire, mean age was 53 years, 23 males and 19 females. Comparison of pre-operative and recall data on the four questions relating to pain showed 'poor' agreement for one and 'moderate' agreement for three (kappa 0.128, 0.454, 0.491, 0.502). Comparison of the eight questions relating to activities of daily living (ADL) showed one 'poor', four 'moderate', two 'fair' and one 'good' agreement. Pre-operative and post-operative OSS averaged 35.6 and 38 respectively (Paired t-test, $p<0.001$).
**Conclusion:** There is considerable disagreement between patients' original and recalled scores. Our study demonstrates the limitations of using recalled data to determine pre-operative symptoms when verifying efficacy of shoulder surgery. This illustrates the importance of pre-operative scoring when assessing post-operatively.

### 0184: DELAY IN DIAGNOSIS OF ACL INJURY: IS IT STILL A PROBLEM?

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**Aim:** Anterior cruciate ligament (ACL) rupture produces instability of the knee. Many patients struggle to return to manual jobs or sporting activities. There is evidence that delay in treatment leads to an increased incidence of meniscal tear and chondral injury. In 1996, the average delay to diagnosis from first presentation was 21 months and the original treating doctor suspected the diagnosis in only 9.8% of cases (Bollen and Scott).
**Method:** A retrospective case series of 50 consecutive patients who underwent ACL reconstruction were studied to determine the current delay to diagnosis and initial diagnostic accuracy.
**Results:** The mean delay to diagnosis was 61 days. Patients first presenting to their general practitioner had a mean delay to diagnosis of 40 days, versus 90 days when initially presenting to the emergency department. At first presentation, ACL rupture was suspected in only 13% of cases.
**Conclusions:** Since 1996, the delay to diagnosis has significantly improved allowing earlier treatment. This is likely to be due to increased fracture clinic capacity and shorter waiting times for orthopaedic outpatients. However, a higher degree of initial clinical suspicion and a lower threshold for specialist referral is still required.

### 0238: AN INCREASING TREND OF INVESTIGATING OCCULT HIP FRACTURES WITH CT SCANS IN DISTRICT GENERAL HOSPITALS

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**Introduction:** Early diagnosis of hip fractures reduces mortality but remains a challenge in patients with occult injuries. NICE recommend the use of MRI or, if not accessible within 24 hours, CT to establish the diagnosis in these cases. Little evidence exists into the role of CT and we aim to analyse the trends and benefits of its use over a five year period.
**Materials and method:** Patients who underwent CT to diagnose an occult hip fracture were identified across two district general hospitals between 2006-2007 and 2010-2011. The corresponding plain X-rays were examined by the authors and compared against radiograph and CT reports. Any operative intervention was recorded.
**Results:** In 2006-2007, 20 CT hips were performed and 6 (30%) hip fractures identified compared to 239 and 65 (27%) in 2010-2011. No patients underwent MRI in 2006-7 and only 3 in 2010-11. When compared to CT findings the sensitivity of radiograph interpretation by the authors (53.5%) and radiologist (54.9%) were similar.
**Conclusion:** Clinicians are becoming increasingly reliant on CT for the diagnosis of hip fractures despite inherent and recognised weaknesses. We have demonstrated no clear patient benefit resulting from this trend and feel the role of CT needs to be revisited.

### 0255: PAEDIATRIC KNEE INJURIES: PATIENT PATHWAY TO OPERATIVE DIAGNOSIS

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**Introduction and Aims:** ACL ruptures and meniscal tears occur in children as well as adults, however a paediatric rapid referral pathway does not currently exist. We identified children with soft tissue knee injuries requiring operative management and examine the current patient pathway.
**Methods:** From April 2008 to August 2010, we examined all patients less than 16 years of age with an acute knee injury requiring surgery against set standards: 1. Reparable meniscal tears should be diagnosed and treated within one month of injury. 2. Isolated ACL injuries should be diagnosed and treated within three months of injury.
**Results:** 30 patients were evaluated with a median age of 15 years (13-16). Duration from injury to operative diagnosis was 188 days for reparable meniscal tears, and 203 days for isolated ACL rupture. Acute presentation to first clinic appointment was 25 days; first clinic appointment to MRI scan was 26 days and MRI scan to theatre 177 days.
**Conclusion:** There is a significant time delay from initial presentation to operative diagnosis and treatment, which is largely due to theatre waiting lists commencing after MRI investigations are complete. A rapid referral pathway for paediatric knee injuries will reduce the waiting times to operative intervention.

### 0258: RETURN TO SPORT FOLLOWING ARTHROSCOPIC SHOULDER STABILISATION

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**Aim:** Shoulder dislocation is a common injury with a number of functional implications for patients. Return to sport is considered a useful outcome measure following shoulder stabilisation surgery and is frequently the ultimate patient goal. This study explores the value of "return to sport" as an outcome measure and the ability of patients were able to do so.
**Method:** The study population included all patients (n=68) undergoing primary arthroscopic shoulder stabilisation by a single surgeon (AR) over 34 month period. Patients were evaluated pre and postoperatively using the Oxford Shoulder Instability Score and a "return to sport